

WHITE COUNTY 911 QUESTIONNAIRE

Your telephone number(s) _____ Cell phone _____
Telephone listed in following name:

NAME _____
First Last

ADDRESS _____
House number Street PO Box \ Apt #

CITY _____

List information below for ALL persons living in household:

Name – First, Last * Year of birth * Physician, Physician's Phone #, Hospital Affiliation

Circle "Yes" or "No" for following conditions that exist at your location:

Yes / No -Watch dog (type) _____

Yes / No -Handicapped person – Name, sleeping location _____

Yes / No -Diabetic (insulin dependent yes ____, no ____) – Name _____

Yes / No -Heart condition – Name and history _____

Yes / No -Serious allergy(s) – Name and allergy _____

Yes / No -Lung disease (Oxygen dependent yes ____, no ____) – Name _____

Yes / No -Epilepsy / Seizure disorder – Name, type _____

Yes / No -Other serious medical condition – Name, condition _____

Yes / No -Farm chemicals (storage location) _____

Yes / No -Propane gas (give tank location) _____

List provider of following utilities:

Electric _____ Natural Gas _____ Water _____

Person(s) living outside household to notify in emergency – Give name, phone (w/ area code)

List any special information about your home (type of house & color, long driveway/house not visible from the road, located behind another structure, apartment complex) _____

I agree to notify, White County 911 of any change in the above information and agree that White Co 911 claims no liability of errors or omissions in the content or use of information submitted on this questionnaire for emergency use.

Your signature

Date

Supply information above as you want it to be available if you should need to call 9-1-1.

Complete form and mail to:

White County 911, PO Box 339, Carmi, Illinois 62827